

Docket No.: KNOXX.024C2

APR 7 2005

April 7, 2005  
Page 1 of 2**Please Direct All Correspondence to Customer Number 20995****REQUEST FOR CONTINUED EXAMINATION**

Applicant : Trempala  
 App. No : 10/789,630  
 Filed : February 27, 2004  
 For : LOCKING CAP SYSTEM  
 Examiner : Suzanne Lale Dino Barrett  
 Art Unit : 3676

**CERTIFICATE OF FAX TRANSMISSION**

I hereby certify that this correspondence and all  
 marked attachments are being transmitted via  
 facsimile to the USPTO Central Fax No. (703)  
 872-9306 on the date shown below:

April 7, 2005

(Date)

Robert J. Roby Reg. No. 44,304

**Mail Stop RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

- (X) Enclosed:  
 (X) Amendment/Reply in Twelve (12) pages.  
 (X) Information Disclosure Statement (IDS).

2. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		2801 (\$395)		\$395
Total Claims	25 - 30 = 0	2202 (\$25)	0 x 25 =	\$0
Independent Claims	6 - 6 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim		2203 (\$180)		\$0
1 Month Extension		2251 (\$60)		\$60
			<b>TOTAL FEE DUE</b>	<b>\$455</b>

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

KNOX 02402

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	
Independent	5	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 15, 24, 31, 32, 33

4.7.05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	30	
Independent	6	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input checked="" type="checkbox"/>			

1, 15, 31, 32, 33

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	90
X43=	129
+145=	0
TOTAL	604

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

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